

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		1				51					
2	1		1				52					
3	1		1				53					
4	3		3				54					
5	3		3				55					
6	3		3				56					
7	3		3				57					
8	3		3				58					
9	1		3				59					
10	3	1	3				60					
11	1	0	3				61					
12	3	0	3				62					
13	0	0	3				63					
14	0	0	3				64					
15	0	0	3				65					
16	3	0	3				66					
17	3	0	3				67					
18	3	0	3				68					
19	1		1				69					
20	1		1				70					
21	2		2				71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2			2			TOTAL IND.					
TOTAL DEP.	40			50			TOTAL DEP.					
TOTAL CLAIMS	42			52			TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS